

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4189**

BIRTH NO. _____		REG. DIST. NO. <b>47</b>		PRIMARY REG. DIST. NO. <b>3008</b>		Registrar's No. <b>49</b>	
1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hulton</b>		c. LENGTH OF STAY (In this place) <b>126 mos</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hosp # 2</b>				d. STREET ADDRESS (If rural, give location) <b>8729 Cifton</b>			
3. NAME OF DECEASED (Type or Print) <b>HERMAN</b>		a. (First)		b. (Middle)		c. (Last) <b>NABEL</b>	
4. DATE OF DEATH		(Month) <b>Feb</b>		(Day) <b>11</b>		(Year) <b>1949</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Jan 4-1882</b>		9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Stock clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Am Drake</b>		11. BIRTHPLACE (State or foreign country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>John Nabel</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bushman</b>		14. NAME OF HUSBAND OR WIFE <b>DK</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>DK</b>		16. SOCIAL SECURITY NO. <b>DK</b>		17. INFORMANT'S SIGNATURE OR NAME <b>State Hosp Records</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Conspicuous Renia</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ch. prostatitis</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2/10</b> , 1949, to <b>2/11</b> , 1949 that I last saw the deceased alive on <b>2/11</b> , 1949, and that death occurred at <b>4:15</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. Caldwell</b>				23b. ADDRESS <b>State Hosp Hulton</b>		23c. DATE SIGNED <b>2-11-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Feb 17-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>State Hosp Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hulton Mo</b>	
DATE REC'D BY LOCAL REG. <b>Feb 18, 1949</b>		REGISTRAR'S SIGNATURE <b>Jesse Morawickhoff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles C. Weeks</b>		ADDRESS <b>Hulton Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9  
Clerk File Number  
Date Filed FEB 23 1949

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.